

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXIII.

WEDNESDAY, SEPTEMBER 23, 1840.

No. 7.

SINGULAR DISEASED CONDITION OF THE BLADDER.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I was sent for to see a patient, a female, æt. 49, on the evening of the 4th of Sept. (Friday). I found her apparently in great agony. She referred her pains to the stomach and bowels. Observing she was unusually large, I inquired if she had a family (not being acquainted with her), and was informed she had never been married. She had eaten, in the course of the day, green corn and grapes, and to these her sufferings were imputed. All my endeavors to relieve the patient were without effect, and about 11 o'clock, P. M., another physician was called in consultation. We could give no alleviation. At times she did not audibly express her pains, owing to exhaustion. The constipation was most obstinate. On Saturday afternoon, after applying turpentine to the abdomen and giving it inwardly, she had three copious evacuations from the bowels, attended with the most excruciating pains. She brought away some of the corn and grapes which had been eaten. About a pint of urine was passed a few hours previous to the stools, presenting a muddy, brownish sediment. She had little or no alleviation of pain, and died on Saturday night, at 10 o'clock, after severe suffering of 29 hours.

I had permission to examine the body, and on Sunday morning (6th inst.), in presence of some of the friends of the family and two young gentlemen (medical students), the body was opened.

The abdomen generally full and rounded, no umbilical depression, sounded dull. I could not discover the presence of a fluid in the abdomen during life, but on pressing it or striking it gently as the subject was extended before me, a hard resilient substance could be felt, as if floating in the abdomen. The integument was divided, and nearly half an inch of fat was found over the recti muscles. On laying open the abdomen, I found it nearly filled with what, at first glance, appeared like the uterus in an impregnated state, extending nearly up to the scrobiculus cordis. The intestines were closely pressed together by this large mass, which was evidently full of fluid, and exceedingly tense. I opened it, and a mass of hair and fat, about the size of the head of a full-grown fetus, was found floating in a muddy, chocolate-colored fluid (similar to the sediment above mentioned in the urine). This was baled out, and, according to the estimation of those present, there could not be less than two gallons. This appeared to be the bladder; it was

removed and set aside for a few minutes. The uterus was then taken out and examined. It was about $2\frac{1}{2}$ inches long, and $1\frac{1}{2}$ in breadth; the right Fallopian tube, ligaments, &c., were perfectly distinct; the left ovary was not perceptible, and the Fallopian tube and ligaments were somewhat vascular, and towards the extremity engorged with blood. The peritoneum was inflamed more or less throughout its whole extent. The intestines contained some undigested corn, and were flattened and pressed together in a very unusual manner. But it is not necessary to enter into particulars, as the object of this communication is to notice the state of what appeared to be the bladder.

The large mass of hair and fatty matter before mentioned first drew my attention. It was composed chiefly of hair, and when cut into showed that it was denser towards the middle, with less adipocire. A pedicle of hair, more than a foot long, passed from it to the base of this cavity, as the bladder was divided into two parts, but there was no appearance of any division on the outside. Hair seemed to grow from some hard, bony substance in the smaller cavity, and to pass out of that through orifices into the upper cavity; there was evidently some communication between them. The lining membrane of the upper cavity is mottled with black and white patches, and at the lower part a very vascular strip of membrane, about half an inch wide, passes from one side to the other. A little bud springs from this, as if the membrane had been pinched up between the fingers and twisted; from its extremity hair is also growing. The neck of the bladder communicates with the lower portion, which is in some places of a cartilaginous hardness, and bony. The ureters are healthy. I could not pass an instrument very far into the bladder, as the passage is probably sinuous. In the upper cavity an isolated piece of bone, impacted in the substance of the bladder, also gives out hair. It is altogether a very singular production. It is now in my possession, and can at any time be examined. It may be that an ovarian tumor is in some way connected with this.

I know nothing of the previous history of the subject, further than that about 33 years ago she had a severe attack of sickness of some kind, and from that time her shape evidently altered. Her general health was not good; her countenance sallow, and she was subject at times to "ill turns."

J. HARPUR.

Sandwich, Sept. 7th, 1840.

DR. PAINE'S MEDICAL AND PHYSIOLOGICAL COMMENTARIES.

[Concluded from page 98.]

We pass over many pages, and come to the following passage. Dr. Paine says (p. 728), "But, says our author, 'the tongue was almost always natural.' Now this, and all that follows in immediate connection with it, is contradicted by every one of his exemplifying cases." The last part of Dr. Paine's remark is very true, because, forsooth, he has misquoted Louis, and the facts in Louis's book, of course, do not agree with his commentator's false statement. But let us see the facts. Louis

states the results of his examination of the tongue to have been as follows: "It was almost always natural," in 19 cases; almost constantly of a more or less vivid red at its edge, rather frequently dry at apex and centre, in 9 cases; almost constantly dry and coated brownish, but rarely of a bright red, in 8 cases; more or less thickened, cracked or furrowed deeply, in 3 cases; and was covered with a pultaceous whitish coat, in 2 cases." In other words, in more than half the cases the tongue was *unhealthy*. Dr. Paine's own carelessness or want of candor has led him into an important error. At the commencement of the chapter, Louis says—"Elle fut presque constamment dans l'état naturel; c'est à dire, sang rougeur, humide, et quelquefois seulement jaunâtre et blanchâtre chez dix neuf sujets." In Bowditch's translation we find it thus—"It was almost always natural; that is, it had not any unnatural redness, it was moist, and was at times only a little yellowish and whitish in nineteen patients."

What can we think of the candor of such a writer, when he takes the first line of a sentence and makes pages of commentaries upon an isolated assertion, without ever deigning to look at the context to learn the real meaning of the author? Our commentator may complain that the sentence was badly constructed. We affirm that this is no excuse; for, in the original, the meaning is perfectly plain, if the punctuation in the translation is faulty. Moreover, if Dr. P. had taken the trouble to read through the chapter, which evidently he never has done, he would have found that Louis tells him, "the tongue was natural or nearly so in a little less than half the subjects." (Vol. 2, p. 73.)

When a man proves false in one position, we suspect him in regard to others; but we have already quoted enough to prove that Dr. Paine was utterly unfit for the task he has undertaken—that nothing but a great want of self-knowledge, to use the mildest term, could ever have induced him to throw out before the world such criticisms as now lie before us. We may seem to be unduly severe, especially as our commentator tries to be very good humored, nay, almost witty, and says he has "laughed at" the various errors that are prevailing, and yet he "has no cold-blooded envy of their champions." Yet we think there is something more than raillery in such expressions as the following, which Dr. Paine uses when speaking of Louis, viz., "he is warped by an ambition which knows no road to fame but over the ruins of others," &c. The duplicity of "the Frenchman" is likewise perpetually rung in our ears. How very probable it is that a man would throw aside his practice and devote himself for seven years to a task for which ridicule was for a time his sole reward—how very probable, truly, that such a man wished to play a double part; and "that nothing fats him but other men's ruin"! Yet such are the epithets bestowed, with no sparing hand, upon Louis by Dr. Paine.

Having thus far acted on the defensive, we feel disposed to try the opposite course, and shall quote some specimens of the results of our author's mind as applied to medical researches. He lays down his propositions, however absurd they may be, as if he meant, without further ado, to have all men reverence them as the *ipse dixit* of a great father

in medicine. Observe, for instance, the following: "Place side by side, the victims of enteritis and typhus fever, and, forgetting the tokens by which they were once distinguished, our scalpel may reveal nothing but one perfect coincidence in morbid lesions. Each may have his 'rose-colored, lenticular spots,' his 'sudamina,' his 'ulcerated epiglottis,' his '*specific* alteration of the glands of Peyer,' his 'intestinal perforations,' and even his 'meteorism;' all, and each one of which, being assumed as pathognomonic of typhoid fever, places our science, according to our author, in a state of 'infancy.' *And so our author farther on.*" (P. 710.)

What consummate folly! What insufferable dogmatism! We want nothing more than this to prove that whatever our author may be as a reader, he has had little practice in medical investigations, and that his learning is of the closet. The passage, however, needs no commentary. Dr. Paine has completely answered himself—and perhaps the citation of this passage would have been a sufficient review of the whole book. To our mind it shows most conclusively the exact character of Dr. Paine's intellect.

We cannot forbear, however, quoting one or two passages more, in order to expose still farther the peculiar character of Dr. P.'s commentaries. So desirous is he, and so confident is he likewise, of "sapping the foundation of the numerical system," that he declares that not one of Louis's cases are entitled to the least credit—because, forsooth, Louis had to trust to the memory of his patients in regard to the early history of their cases. Now really this is almost silly, and if our commentator were not so *very learned*, we should apply the epithet to him. Pray did not Louis see and examine the patients daily after entrance? Moreover, suppose Dr. Paine had been the observer—how would he have learned about the previous history, except from the patient and his friends? The argument, as is unluckily the case with others used by the Dr., goes too far; it is a two-edged sword, and applies as well to his own methods as to Louis's. Perhaps Dr. Paine, with his favorite rule of analogy, would determine from the latter symptoms of disease, what the earlier ones were! We have said the argument is a two-edged sword—but to carry out the metaphor, we must add that it is very dull at both edges. Really we wonder at the folly which led him to use it. But supposing every one of Louis's cases were inaccurate, we cannot see how the "foundations of the numerical system" are "sapped" thereby. The system does not rest upon Louis or any other man. Thank heaven, no truth rests upon one man alone!

But again—and to this extravagance of our commentator we beg special attention. Will it be believed that any man at all acquainted with the history of fever could be so strangely deluded as to say that those phenomena which have been presented to the world by Louis as the anatomical characteristics of fever, and confirmed as such by men like Chomel and Jackson—can it be believed, we repeat, that any intelligent American would state that these lesions cannot be known, because all the organs in Louis's cases were in a state of putrefaction when the examination was made? Had any one asserted this in our presence,

we should have considered him either as a madman or a jester. Yet Dr. Paine has actually printed it—as the following quotation proves. “And we purpose showing, by his statement in this particular, that his cases cannot be allowed to form the basis of any of the pathological conclusions at which he arrives. The objection consists in the lateness of the period after death at which cadaverous examinations were made; since absolute putrefaction must have advanced considerably in most of the subjects, and ‘meteorism’ must indeed have become formidable.” (P. 798). After this remark, follows a table, whereby it appears that Louis allowed (average time) 29 hours and a little over to elapse before making his autopsies. It is true that the commentator applies this reasoning to certain views which *he says* our author has about the non-inflammatory character of the lesions—but the argument proves too much, viz., that the observations themselves were wholly worthless. If, as the Dr. says, he has before proved that Louis “had no just knowledge of the symptoms” (p. 798), and now is satisfied that the post-mortem appearances are nothing but “such a light as putrefaction breeds” (p. 799), why then we must yield the point, and confess ourselves humbled and covered with shame—for we have really believed that though Louis has some errors like other men, still he is not a complete dunce. Moreover, he has noble companions—Chomel, Jackson, Hale, &c., for they have arrived at the same conclusions that Louis has in regard to the pathological appearances. How utterly absurd for Dr. Paine to write thus! Louis knows nothing of the symptoms of fever, and as for his pathology, it is all dependent upon putridity! Most men would have been afraid to make such bold assertions. Old *Æsop* comes up before us, and suggests as an illustration of the relative position of our commentator and the object of his criticism, the poor conceited frog and the ox. The former, foolish thing, burst himself when at the height of presumption. So it seems to us that our commentator has done by this last specimen, this climax of his folly.

Finally, we must thank Dr. Paine for one thing, viz., his long-continued protest against an error which we allow is gaining ground, the neglect of the rational signs, while very great attention is paid to the physical ones. This is very pernicious, and needs a protest from every lover of truth. But we do not accuse Louis of being the author of this error. It is the fault of the age. Louis examines with minute care every symptom he can think of, and no one who was acquainted with him would ever accuse him of doing otherwise.

We have now finished a catalogue of a few of the unfair statements and strange dogmatisms of Dr. Paine. We have sometimes regretted that we had undertaken the task, for we have felt that by his extravagances and his Dr. Pangloss method of quoting, he would bring “the bane and antidote” in his own pages. The only circumstances that induced us to do thus much, were those misstatements of Louis’s views which exist throughout the Commentaries, and of which we have given to the reader merely a portion. We might make more numerous quotations, and likewise might enter into a labored defence of the numerical method; but inasmuch as that method would not be materially inter-

ferred with, even if all that Dr. Paine says of Louis's works were true; inasmuch, moreover, as Dr. Paine does not in fact bring a single argument against it, except what he calls the hasty generalizations of one man—we shall say nothing upon the subject. We wish, however, distinctly to state that we coincide entirely with these remarks by Dr. Jackson, in his Appendix to Louis's pamphlet on Bloodletting, page 170—and we extend them to all of Louis's works; least of all, however, to his last, viz., on Typhoid Fever.

"In conclusion, many readers may ask if it is thought that the researches, of which this volume contains the results, are to be considered as leading to any positive conclusions. Certainly not. M. Louis has done us great service in stating his own accurate observations. They must have great weight in the minds of reflecting men. We have added all the observations that we have of sufficient accuracy to be compared with his, which will be received for what they are worth. The whole are to be regarded as materials, to which others are solicited to make additions from time to time; that, at length, so many cases, impartially collected, may be brought together, as shall justify entire confidence in the inferences to be made from them. Ten hospitals, under the care of honest physicians, may settle the questions discussed in this work within five years, so that our posterity will not for ages be able to make any material correction in the answers. Seasons and epidemics will vary, no doubt; but the general laws will be found the same, and little else would remain for future ages than to settle the allowance to be made for disturbing forces."

LOBELIA.

[Communicated for the Boston Medical and Surgical Journal.]

THIS plant is so named in honor of M. de Lobel, a distinguished botanist of Germany. It is the generic name of a family of plants in the Linnæan system; class *Pentandria*, order *Monogynia*. The species *syphilitica* and *inflata* have long been thought to possess important remedial properties.

Lobelia syphilitica.—The blue lobelia, of the pharmacopœias. This is a perennial plant, having blue blossoms; blossoming in July, and growing to the height of from 2 to 3 feet. "Erect, simple, hirsute, with short hairs; leaves lance-ovate, sub-serrate; raceme leafy; calyx hirsute, with reflexed sinuses." (Prof. Eaton.)

This was used by the Indians for the cure of syphilis, and from this circumstance it has taken the specific name of *syphilitica*. They considered it a specific in that disease, and it was a long time kept by them as an important secret. Sir William Johnson at length purchased it of them, and afterwards published it to the world. The Indians used it in the form of a strong decoction taken in the morning, fasting, and repeated in the evening. The dose was at first small, and gradually increased until the cathartic action became too violent, when it was to be omitted for a day or two, and then resumed. During its internal use, the ulcers

were to be washed with the same, and a light regimen was enjoined. If the ulcers were very bad, they were to be sprinkled with the powder of the inner bark of the New Jersey tea—*Ceanothus Americana*.

Lobelia inflata.—Indian tobacco, wild tobacco, emetic weed. This is an indigenous, biennial plant, from 12 to 18 inches high; stem angled; hirsute; very branching; branches axillary. Leaves oblong, alternate, serrate; sessile; hairy beneath. Flowers in a lax spike, pale blue. Calyx 5 leaved, permanent; corol with irregular slits; anthers curved, cohering. Capsules inflated (whence its specific name), 2 to 3 celled, and filled with numerous seeds. Blossoms in July and August. It is found in dry pastures and by the road side throughout New England.

This species of *lobelia* was used by the aborigines as an emetic; and it is used very extensively at the present day by a notorious set of empirics who affect to cure all diseases by one and the same process. It is the herb which entirely relieved the Rev. Dr. M. Cutler of the severest asthmatic paroxysm he ever experienced.* It is also said to be a specific in tetanus, hydrophobia, &c., but like almost all other remedies that have been cried up as specifics, it would, probably, disappoint the too credulous practitioner. It is a very powerful substance, and if it is ever used at all, it should be used with the greatest caution. If, when taken, it does not excite vomiting or purging, the consequences become alarming, or, perhaps, fatal, in a very few hours; and yet the popular empirics of the day give a whole teaspoonful of the powdered leaves or seeds at a dose. The melancholy results of such a practice are but too often brought before the public; but oftener still, in all probability, are they hushed up and kept "dark." Of the deleterious effects of Indian tobacco, when used by the ignorant, I will say a few words by way of relating the following

Case.—About nine years ago, I was called on, in the midst of a furious snow-storm, to go ten miles across the mountains in the western part of this State, to see a gentleman who was represented by the messenger who came for me, as being "very low," and in all probability having but a few hours to live. I arrived at 10 o'clock in the evening, and on inquiry found the previous history of the case to be as follows. The patient had for a long time been severely afflicted with the asthma. He had had a paroxysm the night preceding my visit, and had suffered so intensely that he was ready to do anything which should hold out any hope of relief; and as the "adverse gods" bore sway, a neighbor, who



Lobelia inflata.

* Eberle's Therapeutics, Vol. I., p. 52.—Hopper's Medical Dictionary, Vol. I., p. 451.—Coxe's Dispensatory, p. 364.

had bought a "family right," by chance called in that very morning, who took no small pains to initiate him into all the mysteries of the wondrous "lobely." The bait appeared fair, and being swallowed, it was found too late that it covered a barbed hook. Suffice it to say, a strong decoction or infusion of the lobelia had been given once in ten or fifteen minutes all day, without producing either vomiting or purging. The *wonderful doctor*, beginning to see the alarming appearances that his (patient?) victim took on, from the effect of his *wonderful medicine*, desisted at about sunset, saying that "he believed he should not make him puke at all." When I arrived, I found my patient in a state of extreme prostration, with eyes sunken and wild—countenance pale and deathlike—all the senses blunted—cold sweat standing in large drops upon the surface—extremities cold—pulse irregular and feeble—no evacuation.

When I had acquainted myself with these symptoms, I felt that the case was a hopeless one; especially when I took into view the enormous quantity of the lobelia he must have swallowed. But, prompted by sympathy for the distressed family, I determined to do whatever could be done for the rescue of the victim. I was, however, directed to the remedy which gave relief by mere accident. As the patient slowly turned his head and gazed wildly into my face, he said feebly, "can you not give me something that will relieve this sinking faintness I feel at the pit of my stomach?" I thought a saline draught in the state of effervescence might do it. I accordingly gave carb. amm. with acid. acet. It *did* relieve—and to my surprise, he soon appeared considerably revived. This encouraged me to proceed, and the draught was repeated every hour or two through the night. This was all the medicine he took till after he had become quite comfortable, and had slept quietly for more than two hours. I gave a brisk cathartic in the morning, and left him. He subsequently regained his usual health, but is asthmatic to this day.

I believe the remedy to be of much service in asthma, and had it in this case been administered by a skillful hand, it would, probably, have proved beneficial. I have, a few times, given a saturated tincture of the plant in that disease with decided benefit. I have used it myself, and have seen it used by others, as an emetic; but its violent and uncertain action is a great objection to its employment in ordinary practice.

I do not suppose that I shall present a single new idea to the minds of any by publishing this paper; but a strong desire to turn the attention of the medical profession to the subject of our indigenous medicinal plants, induces me to offer it for the pages of the Journal. The remedy that proved an antidote in the case given, may, possibly, be serviceable to others.

E. G. WHEELER.

Unionville, Mass., Sept. 4, 1840.

COMPARATIVE ANATOMY OF THE TEETH.

[REFERENCE was made, in the 21st volume of this Journal, to late important discoveries, by Mr. Nasmyth, in the structure of the teeth.

Professor Owen, of London, who has also devoted much attention to the subject, has just issued Part I. of a treatise on the comparative anatomy of the teeth; their physiological relations, mode of development, and microscopic structure in the vertebrate animals,—illustrated by upwards of 150 plates. We perceive that a controversy is carried on in the London Lancet between these two gentlemen, respecting their claims to some of the discoveries in question. Without further reference to the respective merits of the discoverers, we copy, from the British and Foreign Medical Review, the following notice of the work already named.]

The most important *general facts* discovered and substantiated by Professor Owen regarding the structure of the teeth, we believe to be the two following :

1. That teeth grow, like bone, by intussusception; that they are not extra-vascular structures, as Hunter, followed by Cuvier and many others, maintained; but that they are originally formed by the deposition of calcareous matter in cellular tissue, by a process bearing a general analogy to that of ossification.

2. That the microscopic examination of the teeth reveals correspondences and differences in their structure in the various groups of vertebrated animals, so constant and easily recognized that from the smallest fragment of a fossil as well as recent tooth, not only the class and order but even the family, and in some instances the nearest allied genus of the animal to which the tooth belonged, may be predicated with certainty.

The first of these discoveries was made by observation of the development of the teeth in the foetal shark, in 1838. Mr. Owen remarks that in these, as in many other fishes, we have an exemplification on a large scale of the earliest or papillary stage of dental development in the higher classes of animals. It is not succeeded by either a follicular or an eruptive stage; since the formative papillæ are never inclosed, and consequently never break forth. The unossified pulps, examined with a high power, consist of semi-opaque granules or cells, suspended in a clear *matrix*; and the whole is enclosed in a tough transparent membrane which forms the outer surface of the pulp. The formation of the tooth commences by the deposition of earthy particles in the latter, which thus becomes the enamel-like polished coating of the tooth; and the process of calcification gradually extends from without inwards, the pulpy substance being actually converted into solid *dentine*; and not giving place to excreted layers of it, as commonly supposed.

It is among the highest characteristics of the true philosopher to determine where he may safely and certainly reason from analogy, and to distinguish the cases in which he must distrust it. The celebrated assertion of Newton, that the diamond was combustible, is familiar to every one; though few have perceived as he did the importance of the analogy on which he rested it. Now on the single series of observations to which we have referred, Mr. Owen has based his general statement of the character of the process of *dentification* in all vertebrated animals; and the event has proved him to be right. The independent observations of Schwann upon the development of mammalian teeth, which we have already

noticed (vol. ix., p. 513), lead to precisely the same conclusion, when interpreted by those of Mr. Owen. But without the latter, their full bearing might not have been recognized; and this has indeed happened even to Müller, who, in the second edition of his *Physiologie* (in which he takes full cognizance of his friend Schwann's excellent observations), still classes the formation of teeth with that of hair and other extra-vascular parts, in the category of "Formation by Apposition." Mr. Owen's views were expounded in his lectures at the College of Surgeons in May, 1839, previously to his becoming acquainted with Schwann's researches; and a more detailed statement of them was transmitted by him to the French Academy, in acknowledgment of their election of him as correspondent; which statement will be found in the *Comptes Rendus* for last year.

If this principle is sound, as we think there can be no doubt that it is, and comes, as it must, to be generally received, it is the most important information on the subject of the teeth that can be given to the practical dentist. To prove that teeth are essentially developed like bone—to show by what modifications of osseous structure their vitality, when fully formed, is so masked that they have appeared to the most intelligent anatomists as brute bodies, and to point out by what channels a tooth, though in the main extra-vascular, may receive materials for its support, or influences to its decay—are among the objects of Mr. Owen's work; and it is obvious that the settlement of these questions must have a most important influence on the progress of dental pathology.

To the medical man this is the point of most importance; but to the scientific anatomist, and more especially to the palæontological naturalist, the second is of surpassing interest. The fame of Cuvier will probably in future years chiefly rest upon the discovery that there is such a degree of conformity between the various parts and organs of an animal, that the whole may be inferred, by an anatomist rendered skilful by previous knowledge, from a small portion. But it was necessary that this portion should retain its external form, and should belong to some characteristic part of the structure. That conclusions, equal in certainty and minuteness, should be drawn from an amorphous fragment was never dreamed of by the illustrious author of the *Ossements Fossiles*; and we cannot help regarding this discovery as yet more remarkable than any single principle established by Cuvier. The application of it has served to set at rest prolonged discussions founded upon the external appearance of most characteristic portions of the skeleton; and thus the value of this means of investigation is shown to be superior to that of any other. A few instances must suffice.

Most of our readers, we presume, are acquainted with the existence of a certain fossil in the Stonefield slate which has been commonly regarded, after Cuvier, as having belonged to a marsupial quadruped, but which many eminent osteologists pronounced to be the remains of a reptile. Not many months ago a very vigorous war was carried on between the two parties, and many new names were proposed for the creature, in accordance with the respective views of the nomenclators. Amongst others the name *Botheratio-therium* was jocularly conferred

upon it by the reporter of the Proceedings of the Geological Society in the Athenæum, and gravely adopted by the French savans. Mr. Owen was the chief supporter of Cuvier's views; and against him were ranged Blainville, Grant, Ogilby, and other eminent comparative anatomists. The latter based some of their most important arguments on the supposed analogy of the *Basilisaurus*, recently discovered by Dr. Harlan of Philadelphia, which had, like the Stonesfield fossil, double-fanged teeth—a character previously supposed peculiar to mammalia. But being led by other appearances to doubt the saurian nature of these remains, Mr. Owen submitted a section of a tooth to microscopic examination; and the result confirmed his previous views, by demonstrating its place to be between the carnivorous and herbivorous cetacea, as Dr. Harlan then readily admitted. Thus the analogy which had been so much insisted on proved to be as much in Mr. Owen's favor as it before seemed against him; and the marsupial character of the Stonesfield fossil is now, we believe, generally admitted.

A similar confirmation has been afforded by the microscopic examination of the teeth to Mr. Owen's opinion, formed upon independent grounds, in opposition to those of Blainville and other eminent anatomists, that Cuvier was right in regarding the *mygatherium* as more closely allied to the sloths and ant-eaters than to the armadillo; and that the tessellated armor, found in occasional proximity with its remains, does not belong to it, but to a distinct genus, to which the name *Glyptodon* has been given by Mr. Owen, more resembling the armadillo.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 23, 1840.

MANAGEMENT OF INFANCY.*

SUCH is the reputation of Dr. Andrew Combe, that whatever comes before the public under the sanction of his name, is sure of being well received. This results from the fact that all his productions have not only borne the impress of genius, but are calculated permanently to benefit mankind. He appeals to the understanding, and in no instance is there discoverable a disposition to establish a position that is not clearly warrantable. Dr. Combe is a philosopher in the broadest sense of the word—a physician who prescribes according to the indications of nature—and a philanthropist, because all his chirographic labors have a direct reference to the health and happiness of the human family. It is by no means common to find two men of the same family exercising such influence over the minds of their fellow beings in two hemispheres, as is now exemplified in the case of Mr. George Combe, the phrenologist, and the author of the work now before us. Neither of them are particularly striking in their manner of addressing the thinking world—their forte lies in wielding a

* Treatise on the Physiological and Moral Management of Infancy. By Andrew Combe, M.D., &c. &c. With notes and a supplementary chapter, by John Bell, M.D. Philadelphia: Carey & Hart. 6vo., p. 307.

masterly power of analysis. They take, as it were, the most complicated machinery in pieces—spread the wheels, springs, chains and screws over the table in separate parcels, so that a child may discover the connection which one part has to another, and then explain the principle of movement in the whole. Instead of overwhelming by some brilliant display of scholarship, they gain upon the good opinion of the reader by showing the personal benefit that will naturally accrue from attending to those fundamental laws which influence man through all the phases of his existence. When they have obtained the consent of the judgment, which must follow a careful perusal of their principal writings, there is no resisting the belief of their good intentions or their profound attainments in physical science, aside from all considerations of mental philosophy, which is a distinguishing element of their various productions.

But to return from these digressive observations. The treatise now republished by Messrs. Carey & Hart, originally a gem from the hand of its learned author, has been enhanced in value by additions from the prolific pen of Dr. Bell, of Philadelphia. Besides a variety of marginal notes, interspersed here and there through the volume, a supplementary chapter at the close embraces a variety of topics which are precisely fitted to the meridian of the United States. They are essential, since we have a climate of a variable character, diseases truly our own, accompanied by circumstances that affect the health of children in a way which could not be known to an author who never saw the Continent of America.

Without showing the contents of Dr. Combe's fifteen chapters in the present notice, we prefer to speak of the additions made by Dr. Bell, with a view to creating a local interest in the volume. Dr. B. treats of the peculiar dangers to which infancy is exposed in the United States—causes of infant mortality unavoidable—hints for guidance in the construction of houses—chief diseases of children in Philadelphia and New York—summer hygiene—convulsions and diseases of the brain, scrofula and marasmus—the brain not to be over-exercised in childhood, &c. By these items, it will be seen that Dr. Bell has not been idle.—With a press of matter on our hands, it is not possible to present a perfect scheme of this excellent volume the present week.

Sanguinaria Canadensis.—The good effects of blood-root were shown last week, in an extract from the Western Journal. It must not be forgotten by practitioners that the pulverized root is one of the very best applications known in the management of ragged ulcers of the legs, such as are often seen in aged men. In those spongy, twinging, fetid, cancerous ulcers of the breast, also, which are met with in every one's practice, the same article, sprinkled over the abraded surface, once or twice a day, produces the happiest results. Those who are most conversant with this class of sores, speak with decided approbation of the powdered blood-root, as superior to anything in use. A dossil of lint spread with simple cerate is the proper dressing—graduating the quantity of powder, from time to time, according to the improving condition of the ulcer.

Medical Graduates at Harvard University.—The following are the medical graduates in Harvard University, during the year ending August 26th, 1840:

Pierre Baillargeon—on Inflammation. Evans Bartlett Hammond—

Hare Lip. Lucius Cook—Human Skin. Henry Blanchard, A.B.—Secale Cornutum. Jonathan Borden—Lumbar Abscess. Edward Hartshorn—Bathing in Acute and Chronic Disease. John Bacon, A.M.—Aneurism. Harvey Erastus Clap, A.B.—Inguinal Hernia. William Johnson Dale, A.M.—Delirium Tremens. Human Elvas Davidson, A.M.—Antimony. William Augustus Davis, A.B.—Innervation. Abraham Osgood Dickey—Typhoid Fever. Frederick A. Eddy—Lumbar Abscess. John Fenwick Eustis, A.M.—Dyspepsia. James Harrison Gray—Apoplexy. William Hawes, A.B.—Hereditary Disposition. Christopher Columbus Holmes, A.M.—Inguinal Hernia. John Foster Williams Lane, A.M.—Connection of Nervous and Respiratory Systems. Benjamin Mann, A.M.—Pericarditis. Nathan Warren Oliver—Scarlatina. Thos. Perkins Shepard, A.B.—Acute Pericarditis. George Tower—Prolapsus Uteri. W. CHANNING, Dean.

Counsellors' Meeting.—By reference to the advertisement of the Recording Secretary, it will be seen that a stated meeting of the Counsellors of the Mass. Med. Society will be held on Wednesday, Oct. 7th, at the Athenæum. By this timely notice, gentlemen residing in the interior will have ample opportunity for making arrangements for being present. Promptness is desirable, and in this business board, no one should accept a seat who is unwilling to make some sacrifice to attend to the duties.

Longevity of the Shakers.—The editor of the Monthly Visitor, published at Concord, N. H., has lately given an interesting account of a visit to the Shaker Village in Canterbury in that State. As a proof of the longevity of the community, he has published the ages of all the individuals who have died there for sixty years past, and then adds—"The united age of 102 persons given by figures in the foregoing table, is 5169 years—making an average to each person of 50 years and 8 months. Here is a table of longevity in which, it is believed, will not be found a parallel in all the tables of modern times. Very seldom does a death occur among these people, but from an originally delicate constitution or some organic defect, before passing the middle age. Rarely do attacks of dysentery or fever, or other complaints peculiar to either warm or cold unhealthy weather, affect the health or destroy the lives of the Canterbury families. With limbs and nerves strengthened by exercise and labor, with the contentment of perfect independence and freedom from worldly fear and worldly care, the Shakers in nine cases out of ten live to a mature and wise age; and very seldom does the community of between 2 and 300 persons have occasion to follow one of their number to an untimely grave."

The Morbid Influence excited by the Menstrual Secretion.—Dr. Remak, of Berlin, has been engaged in inquiries upon the above subject, and has arrived at the opinion that the globules of mucus contained in the menstrual fluid are the sources of that irritation which occasionally gives rise to gonorrhœa in the male urethra. The red color of the fluid he finds to depend upon blood corpuscles; these are most numerous towards the middle period of its flow. At the commencement and near the close of its appearance, it becomes pale, and is then found to contain a much larger proportion of the scales of epithelium and mucous globules. These mu-

cous globules, he conceives, may, in a morbid state of the mucous membrane which produces them, be so altered in their nature, as to excite a corresponding morbid condition in any other mucous membrane with which they may be brought in contact. Many of our readers will have seen cases in which gonorrhœa has been communicated by a wife wholly free from suspicion; we have seen such cases; and it is highly important in practice to be aware of this tendency on the part of the mucous membrane, at the period of menstruation, to excite such inflammation.—*London Lancet.*

Mr. Coates on Club-foot.—Mr. Coates, of London, describes his mode of dividing the fascia in the following words:—"The toes being pressed obliquely upwards and outwards, and the fascia put upon the stretch, I passed a straight narrow knife between it and the skin as near to its origin as possible. I then with a curved probe-pointed bistoury divided the fascia completely. A few drops of blood escaped. The assistant felt the convexity of the tarsal arch diminish immediately, but without any jerk or audible snap, and the patient cried out, joyfully, that the foot was, as he expressed it, 'let loose;' nor could he believe the operation completed, so slight was the pain. The tarsal arch became more supple immediately after the division of the fascia."

Poisoning with Colchicum—A Quack Aurist.—The following case is interesting in a two-fold manner; it affords an example of poisoning by colchicum, and illustrates the recklessness with which quack pretenders to medicine sacrifice human life to their selfish ends:

A wine-merchant, 50 years of age, of strong constitution, had been long subject to deafness. By chance the prospectus of a quack aurist was placed in his hands, in which prospectus a prompt and certain cure of his infirmity was promised. He immediately repaired to the aurist's, who prescribed a potion containing colchicum, and some other, but less active, drugs.

M— took of the potion, as he had been directed, a spoonful every half hour, and soon felt its effects; the suffering produced was extreme, but the aurist, when informed, said that it would soon pass away. Under this assurance, the unfortunate man continued to drink the potion, to the last drop, and then fell into the most alarming state. A physician was now consulted, but before any remedy could be administered, the man was dead. He had taken, in three days, more than half an ounce of colchicum root.—*Journal de Chimie.*

Puncture of the Bladder a safe Operation.—M. Levrat, of Lyons, was lately called to a child laboring under retention of urine, caused by a urinary calculus lodging in the urethral canal. To relieve the present urgent symptoms, he punctured the bladder, and afterwards broke down the calculus in the urethra, and extracted it; the child rapidly recovered. M. Levrat has frequently punctured the bladder, and in every case the operation was followed by the happiest results.

M. Gerder regards puncture of the bladder as a very safe operation. He has performed the operation in various cases and circumstances, and always successfully. One of his most interesting cases was one where the perineum was much bruised in consequence of a fall on that part:

retention of urine was the consequence; puncture of the bladder was performed, and the patient rapidly recovered.—*Edinburgh Medical and Surgical Journal.*

Medical Miscellany.—Good health characterizes New Orleans thus far, notwithstanding the predictions that the season would be a sickly one.—The mayor of Mobile has issued a card, contradicting the report that yellow fever existed in that city, which is signed by several of the most respectable physicians. The city is in excellent health.—Vaccine virus, carried from Boston to the Sandwich Islands, has succeeded admirably, to the great joy of the people. Hope is entertained that the last package sent to Siam will also succeed, notwithstanding the fears of Dr. Bradley to the contrary.—Some extraordinary surgical operations have been performed at the South, the particulars of which have not been published.—Dr. Smith, professor of anatomy in the New York College of Physicians and Surgeons, has sent forth a new work, but not having had a copy, the object and worth of it is unknown at present.—Is it true that medical lectures are not to be given at Castleton the ensuing term? Will some gentleman set the public mind right in the matter?—A division of one of the muscles of the eye of a young lady, was made in Boston, a few days since, with a good prospect of overcoming a congenital strabismus. The particulars of the case are expected for publication from the operator himself, as soon as the result is known. He says the matter of dividing the recti muscle is one of the simplest affairs in the whole field of surgery.

TO CORRESPONDENTS.—Dr. Paine, of New York, the learned author of the Medical and Physiological Commentaries, is preparing an answer to the review, which is concluded in this No. of the Journal, of a portion of his work.

NOTICE.—Mr. Joseph Balch, Jr., druggist, is agent for the Boston Medical and Surgical Journal in Providence.

MARRIED.—At Oswego, N. Y., Prof. Frank Hamilton, of Rochester, to Mary G. daughter of Judge O. Hart, of the former place.

Number of deaths in Boston for the week ending Sept. 19, 53.—Males, 29—females, 24.

Of consumption, 5—cholera infantum, 4—teething, 4—bowel complaint, 3—hooping cough, 5—dysentery, 6—typhous fever, 3—convulsions, 1—dropsy, 3—old age, 2—intemperance, 4—lung fever, 1—fit, 1—diarrhea, 1—infantile, 2—dropsy in the head, 1—apoplexy, 1.

MASSACHUSETTS MEDICAL SOCIETY.

A STATED MEETING of the Counsellors of the Society will be held at their rooms, rear of the Athenaeum, Pearl Street, on Wednesday, the 7th day of October next, at 11, A. M.
\$ 16—1M
GEO. W. OTIS, Jr., Rec. Sec'y.

ORDERS FOR GOODS FROM PARIS.

THE subscriber intending to remain in Paris for a year or two, will be happy to attend to any orders, of large or small amount, for physicians or others, who may be in want of books, instruments, minerals, &c. &c. Reference to Dr. Martin Gay, and Nathan Hale, Esq. Directions may be left with Mr. Foster, at the Courier Office, 4 Thorndike's building, Congress square, Boston.
Sept. 5. \$ 9—3M J. H. BUCKINGHAM.

ABDOMINAL SUPPORTERS.

DR. HAYNES'S instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 124 Washington street, physicians may be readily accommodated. A 19

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

PRIVATE MEDICAL INSTRUCTION.

THE subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. OTIS. Terms may be learned by calling on Dr. OTIS, No. 8 Chambers street. Fuel, lights and rooms without charge.

Boston, August 15, 1898.

WALTER CHANNING,
GEORGE W. OTIS, JR.

LEBANON SPRINGS.

THE subscribers have made arrangements for the treatment of patients suffering from chronic diseases, whereby they can avail themselves of the powerful auxiliary afforded by the use of the Lebanon. Spring water, in the form of cold, warm, vapor and shower bath. The Lebanon water, in purity and temperature, has a strong resemblance to the famous Bristol and Buxton waters, and its remedial power is well attested.

August, 1898.

A. 25.—12

JOSEPH BATES, Lebanon Springs.
CHILDS & LEE, Pittsfield.

MEDICAL INSTRUCTION.

THE subscribers have associated themselves for the purpose of receiving students of medicine. Students will have access to a good Medical Library, a collection of anatomical preparations and plates, and will have abundant opportunities of seeing practice.

They will also be examined once a week on Theory and Practice of Medicine and Obstetrics, by Dr. WHEATON.

And on Anatomy, Surgery and Materia Medica, by Dr. RIVERS.

A comfortable office for study, with fire and lights, will be provided.

The fee will be \$75 per annum, payable semi-annually in advance.

Providence, July 11, 1898.

A 5.—5*

LEVI WHEATON, M.D.
H. W. RIVERS, M.D.

ALBANY MEDICAL COLLEGE.

Lectures will commence on Tuesday, Nov. 3d, 1898, and continue sixteen weeks.

Surgery, by
Theory and Practice of Medicine, by
Materia Medica and Natural History, by
Anatomy, by
Chemistry and Pharmacy, by
Obstetrics, by
Institutes of Medicine, by
Medical Jurisprudence, by

ALDEN MARCH, M.D.
JAMES McNAUGHTON, M.D.
EDMUND ENNOWN, M.D.
JAMES H. ARNOLD, M.D.
LEWIS C. BECK, M.D.
DAVID M. McLAUGHLIN, M.D.
THOMAS HUR, M.D.
ALICE DEAN, Esq.

ALDEN MARCH, President.
J. H. ARNOLD, Registrar.

Jy 29.—1N

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

THE course of Lectures will commence on Monday, the 2d day of November, and be continued under the following arrangement:—

Practice and Theory of Medicine,
Chemistry,
Surgery,
Anatomy,
Institutes of Medicine,
Materia Medica and Pharmacy,
Obstetrics and the Diseases of Women and Children,

NATHANIEL CHAPMAN, M.D.
ROBERT HARR, M.D.
JAMES WESTER, M.D., Uica.
WILLIAM E. HORNER, M.D.
SAMUEL JACKSON, M.D.
GEORGE B. WOOD, M.D.
HUGH L. HODGE, M.D.

Clinical Lectures on Medicine and Surgery are delivered regularly at the Philadelphia Hospital (Blockley), and at the Pennsylvania Hospital, from the beginning to the end of the season.

263 Chestnut street, Philadelphia, July 15, 1898.

W. E. HORNER,

Jy 22.—eptN15

Dean of the Medical Faculty.

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by
Obstetrics and Medical Jurisprudence, by
Anatomy and Physiology, by
Chemistry and Pharmacy, by
Materia Medica and General Pathology, by
Principles and Practice of Surgery, by
Demonstrator

T. SPENCER, M.D., Geneva.
C. B. COVENTRY, M.D., Uica.
JAMES WESTER, M.D., Rochester.
JAMES HADLEY, M.D., Fairfield.
JOHN DELAMATER, M.D., Saratoga Springs.
FRANK H. HAMILTON, M.D., Rochester.
SUMNER RHOADES, M.D., Geneva.
THOMAS SPENCER, Registrar.
C. B. COVENTRY, Dean.

Geneva, July, 1898.

Jy 15.—101

BORROWED BOOKS.—Persons having books belonging to Dr. Lewis, are requested to return them immediately.

A. 25.—3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 104 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

Wheaton 2217